

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FIL'D | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | 1 | | 1 | | | |
| 3 | 1 | | 1 | | | |
| 4 | 3 | | 3 | | | |
| 5 | 3 | | 3 | | | |
| 6 | 3 | | 3 | | | |
| 7 | 3 | | 3 | | | |
| 8 | 3 | | 3 | | | |
| 9 | 3 | | 3 | | | |
| 10 | 3 | | 3 | | | |
| 11 | 3 | | 3 | | | |
| 12 | 3 | | 3 | | | |
| 13 | 3 | | 3 | | | |
| 14 | 3 | | 3 | | | |
| 15 | 3 | | 3 | | | |
| 16 | 3 | | 3 | | | |
| 17 | 3 | | 3 | | | |
| 18 | 3 | | 3 | | | |
| 19 | 3 | | 3 | | | |
| 20 | | 1 | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
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| TOTAL IND. | 3 | | 6 | | | |
| TOTAL DEP. | 48 | | 99 | | | |
| TOTAL CLAIMS | 51 | | 105 | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |